



DEPARTMENT OF FINANCE & ADMINISTRATION  
Office of Personnel Management  
**Employee Request for Leave**

**EMPLOYEE'S REQUEST**

Employee Name ( <i>Last, First, Middle</i> )			<b>BEGIN</b> Leave: ( <i>Hour</i> ) ( <i>MM/DD/YY</i> )
Personnel Number	Business Area	Personnel Area	<b>END</b> Leave: ( <i>Hour</i> ) ( <i>MM/DD/YY</i> )

**LEAVE CATEGORIES AND CODES:** Leave may be requested in 15-minute increments only.

☐ Check here if the requested Leave is Family Medical Leave, Military Leave or Workers Compensation related. (*Provide necessary documentation.*)

<i>Hour/Minutes</i>		<i>Hour/Minutes</i>	
<input type="checkbox"/> <b>ANNL</b> – Annual	_____	<input type="checkbox"/> <b>SICK</b> – Sick	_____
<input type="checkbox"/> <b>CACG</b> – Air/Coast Rescue	_____	<input type="checkbox"/> <b>MILH</b> – Military Leave Holiday	_____
<input type="checkbox"/> <b>CATL</b> – Catastrophic Leave	_____	<input type="checkbox"/> <b>MILL</b> – Military Leave LWOP	_____
<input type="checkbox"/> <b>CNJL</b> – Court/Jury	_____	<input type="checkbox"/> <b>MILV</b> – Military Leave Quota	_____
<input type="checkbox"/> <b>CP10</b> – Comp (10) Quota 15	_____	<input type="checkbox"/> <b>PROL</b> – Governor/Proclamation	_____
<input type="checkbox"/> <b>CP15</b> – Comp (15) Quota 16	_____	<input type="checkbox"/> <b>WKCA</b> – Workers Comp Annual	_____
<input type="checkbox"/> <b>DSTR</b> – Disaster	_____	<input type="checkbox"/> <b>WKCH</b> – Workers Comp Holiday	_____
<input type="checkbox"/> <b>EMBD</b> – Employee Birthday	_____	<input type="checkbox"/> <b>WKCL</b> – Workers Comp LWOP	_____
<input type="checkbox"/> <b>FMLA</b> – Family Medical Annual	_____	<input type="checkbox"/> <b>WKCS</b> – Workers Comp Sick	_____
<input type="checkbox"/> <b>FMLH</b> – Family Medical Holiday	_____	<input type="checkbox"/> <b>WKCT</b> – Workers Comp CAT	_____
<input type="checkbox"/> <b>FMLL</b> – Family Medical LWOP	_____	<input type="checkbox"/> <b>WC10</b> – Workers Comp Comp (1.0)	_____
<input type="checkbox"/> <b>FMLS</b> – Family Medical Sick	_____	<input type="checkbox"/> <b>WC15</b> – Workers Comp Comp (1.5)	_____
<input type="checkbox"/> <b>FMLT</b> – Family Medical CAT	_____	<input type="checkbox"/> <b>Other</b> – ( <i>specify</i> )	_____
<input type="checkbox"/> <b>HLDY</b> – Holiday ( <i>specify</i> )	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> <b>INCL</b> – Inclement Weather	_____		
<input type="checkbox"/> <b>LWOP</b> – Leave Without Pay	_____	<input type="checkbox"/> <b>AGENCY DESIGNATED LEAVE</b>	
<input type="checkbox"/> <b>MC10</b> – Military Leave Comp (1.0)	_____	<input type="checkbox"/> <b>DISP</b> – Disciplinary Unpaid	_____
<input type="checkbox"/> <b>MC15</b> – Military Leave Comp (1.5)	_____	<input type="checkbox"/> <b>EDUN</b> – Education Unpaid	_____
<input type="checkbox"/> <b>MILA</b> – Military Leave Annual	_____	<input type="checkbox"/> <b>EDUP</b> – Education Paid	_____

Employee Signature	Date <i>MM/DD/YY</i>
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**AUTHORIZATION:**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date <i>MM/DD/YY</i>
	Approving Authority	Date <i>MM/DD/YY</i>
	Timekeeper's Signature	Date <i>MM/DD/YY</i>